



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

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*Patrick C. Lynch, Attorney General*

**CHARITABLE TRUST REGISTRATION STATEMENT**

(R.I. GEN. LAWS § 18-9-6)

1. Name of Charitable Trust: \_\_\_\_\_

2. This Charitable Trust is being Registered Pursuant to: *(use additional sheets if necessary)*

(a) The Will of \_\_\_\_\_ of \_\_\_\_\_  
*Name Last Residence*

(b) The Indenture of \_\_\_\_\_ of \_\_\_\_\_  
*Name City or Town*

and/or (c) Other Trust Instrument *(e.g. articles of incorporation, by-laws, etc.)*

\_\_\_\_\_  
*Name of Instrument*

**\*\*Notice: All sections must be completely filled in before attaching any additional sheets.**

3. Trustee(s): *(use additional sheets if necessary)*

1. \_\_\_\_\_  
*Name Street City State Zip Tel.*

2. \_\_\_\_\_

4. Person Submitting Registration, if different from Trustee(s):

\_\_\_\_\_  
*Name Street City State Zip Tel.*

5. Present Beneficiaries: *(use additional sheets if necessary)*

1. \_\_\_\_\_  
*Name Street City State Zip Tel.*

2. \_\_\_\_\_

6. Future Beneficiaries: *(use additional sheets if necessary)*

1. \_\_\_\_\_  
*Name Street City State Zip Tel.*

2. \_\_\_\_\_

7. Trust Purpose: *(use additional sheets if necessary)*

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\*This Trust will \_\_\_\_ will not \_\_\_\_ Consider Unsolicited Requests for Grants

8. The Most Recent Fair Market Value for this Trust is: \$\_\_\_\_\_ as of

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*Date*

9. A single copy of the Will, Indenture, and/or other Trust Instrument (*articles of incorporation, by-laws, etc.*) establishing this trust and a registration fee of \$50.00 must accompany this statement. Any amendments to the requested documents must be filed with this office within thirty (30) days. Make checks payable to "General Treasurer of Rhode Island."

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_